Effective October 1, 2003											-, 8-5	7		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF	• -	R THAN LENTITY		
Т	OTAL CLAIMS	S	10			•	Г	RATE	FEE	7	RATE	FEE		
F	OR	· -	NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FE	E 770.00		
T	OTAL CHARGE	ABLE CLAIMS	/ 0 minus 20=		• (XS 9=	1	OR	XS18=			
IN	DEPENDENT O	CLAIMS	7 minus 3 =		•		 	X43=	-	┪┈				
м	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	ESENT				A43=	 	OR	X86=	ļ- <u>-</u> -		
• Who difference in column 4 is less than 1000 and 1000 a							۱ .	+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	3850	∮ OR	TOTAL			
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		(Column 1) CLAIMS		(Colum		(Column 3)	lir	SMALL	ADDI-	OR 1	SMALL			
AMENDMĘNT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	• 6	Minus	-1 2	20	=/		X\$ 9=		OR	X\$18=			
AME	Independent	NTATION OF M	Minus	PENDENT	3 CLAIM	=		X43=		OR	X86=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·		
						•	Δ Π	TOTAL		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colum		(Column 3)								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	,	X\$ 9=		OR	X\$18=			
AME.	Independent	*	Minus	***		. .		X43=	·		X86=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT C	CLAIM		\vdash			OR				
						•	Ŀ	145=		OR	+290=			
						••	ADI	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE			
-		·	: ·				·							
MEN.		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X	S 9=		OR	X\$18=			
	Independent		Minus	***		#	 	(43=		-	X86=			
1	FIRȘT PRESEI	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		-	.,,,,,		OR	100 ≥			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3:											+290=	:		
II	the "Highest Nurr	iber Previousiv Pai	d For IN THIS	S SPACE is in	es than	20 enter *20 *	ADD	TOTAL IT. FEE		OR A	TOTAL DDIT, FEE			
T	ne "Highest Numt	nber Previously Pai per Previously Paid	or or IN IMI For (Total or	s syace is le Independent	ess than) is the i	3, enter "3." lighest number (ropriate box					

Application or Docket Number